STATE OF MARYLAND

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and district to.,

George B. stol often, L.M. Lon CO, Enlandaville, M. 2251

Ditting -- Inches Cherry Cleaners Accident, Carrett, 184,

Signature or or or or of the state of the state of

AND A CONTRACTOR OF THE PARTY O

4/		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  O  7												1			
0	1-	STATE						ERTIFICATE	OF DEA	TH							
	1. DE	REGISTRAR	E FIRST	•	MIDDLE	AA/////		AST	01 027	20. DATE KNOW!	, NO.	ONTH DA	y YEAR	7b. HOUR			
ш	{TY	PE OR PRINT)	Anna		Gortne	w	D.	ITTINGER	339	OF ESTI-	□3	25	19 81	552A			
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7,		Female	White	NOV 1	18, 1888	92 YRS		DAYS HOURS	MIN	PRONOUNCED DEAD	3	25	10 81	552A			
SSAR SSAR SAL STO	70. B	IRTHPLACE (S		7b. CITIZEN O	F WHAT COUNT		9	D NEVER MAR	DIED []	9. BALTIMORE CI	TY OR CO	DUNTY OF	17	1 M			
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IS NOT THE FULL S NOT	10.0	ITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NUR		OR OTHE	R INSTITUTION	12a. USI	UAL OCCUPATION	(TYPE OF W	ORK 12b. 1	KIND OF BI	ISINESS			
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F ANY DEI AND 3 TG RETAIN HOULD BE		STATE	11 IN NURSING HOME	YTY	ON, GIVE RESIDENCE B	EFORE ADMISSION	N)	13d. INSIDE CITY LIMITS?	13e. STR	EET ADDRESS							
P AND SHOUL REC	55	Md.	. Ga	rrett	0ak	land		YES NO	0	Route #2,	Box	100					
	14. F	ATHER'S NAME		WIDDIE		AST		15. MOTHER'S MAI		MIDDLE			LAST	5			
RE, MI	14	Peter		Р.		tner		De1ph	ia			B1	amb1e				
MORE, PAGE FORM ON OF		YES, NO, OR UNKNO	D EVER IN U.S. A	RMED FORCES? E WAR OR DATES)		AL SECURITY		17. INFORMANT		ADDI							
BALTIMO URS AFTER 8. GIVE PA WITH FOI VITH FOI DIVISION	/	No		220-38-0480 Mrs. Margaret J. Kirk, Fal										Va.			
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OF VITAL S  THE CHIEF	MEDICAL CERTIFICATION	3-17			n reduct	ion of							YES 🗌	NO X			
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SION RTIFIC FO TO SHOULD	No.	CONTRIBUTI	NG CAUSE OF	DEATH 1230	3-17	-1981		11 in hos	<u>pital</u>								
DIVIS CER STIN SDED E 3 E DEL		WHILE	NOT WHILE	X Host	t, FACTORY, FARM, ET.	E.J	\$1	REET	land	CITY OR TOWN	. J. M	COUNTY	1	STATE			
TAT														-			
CATE STEE	5,7	22a. 1 certi	220. 1 certify that toak charge of the remains described above, held an Autopsy L., Inspection K., Inquiry L.X., and in my opi														
AMIR STIFICE THE THE	TA I	death result	red from: Nat	ural couses LX	Accident	Suic	cide 🔲,	Homicide	. Unde	termined manner	_,						
CER CER	X X	ACTUAL	1 Run	11-1		4	7	DEPUTY	AAEG	DICAL EXAMINER	D	ATE	3-25-8	27			
I THE SHOE SHOE SHOE SHOE SHOE SHOE SHOE SH		SIGNATURE			1		<u></u>										
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORT TO FUNERAL DIRECTOR: 6 AFTER DEATH, WITH THE SI	-	EXAMINER'S	NAME Jam	es H. Fe	eastee,	Jr., M	l. D.	ADDRESS 107 S	. 2nd	. St., Oa	klan	d, Ma	rylar	nd			
EXE PAG PAG	₹ 23o.	(SPECIEV)	TION, REMOVAL	23b. DATE	23c. N	AME OF CEM	ETERY OF	CREMATORY	23d. Le	OCATION ORTOWN		COUNTY		TATE			
BP			urial	3/28/8	31 Gar	rett C	o. Me	em. Garde	ns   Oa		arre		Mary	and			
DHMH - 17 (VR A15 ME (5)		PUNERAL DIRECT			DORESS			250. DA	WAL S	Y 1EG 361 25h.	KELLIKA	IB'S SIGN	ATURE	4			
15M 7/76	BI	radley /	A. Stewa	rt Uak	cland, M	arylan	d 2:	1550	1 16 -		35,000,7						

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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS REG. NO.													9	2	2
		CEASED NAM			WIDDLE			LAST	CAILC		2a. DATE K		MONTH	28	YEAR 81	2b. HOUR
PARENT NO.	. SE	ale	Walter  A. RACE  White	S DATE OF BII	1907	6. AGE (IN YE		DER I YR.	IF UNDER	R 24 HRS. MIN.	2c. DATE PRONOUNC DEAD		MONTH 3	28	YEAR <b>81</b>	24. HOUR 8:454
M)79	P	RTHPLACE (S PREIGH COUNTRY) ennsylv	rania	76. CITIZEN O	F WHAT COUN	TRY?	8 MARRI WIDOW		DIVORC	CED 🗆		rett		ITY OF DI	EATH	MD.
O SE HERE	(	akland	OF DEATH	(IF NOT IN SU		Nursi	ng Ho		TION	FORA	nost of work rinte	ING LIFE)	PE OF WORK	OR	D OF BUS INDUSTR INTI	Υ
21201 2, AND 316 2, AND 316 3, RETAIN SHOULD IN	136. STATE Pa. Deleware Drexel Hill 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS YES NO DIDOS Shadland A. 14. FATHER'S NAME											Ave				
BALTIMORE, MD.2  GIVE PAGES 1, 2, WITH FORM PM 3  PAGES 1 AND 2  PAGES 1 AND 2  OVISION OF VITAL	FIRST T. MIDDLE CANALY SAGIO (UN)  FIRST SAGIO (UN)  166. VAS DE CEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  ADDRESS												nowi	n)		
BALTIMO JURS AFTER WITH FO WITH FO DIVISION	(YES, NO, OR UNINNOWN)   IF YES, GIVE WAR OR DATES)  160-05-3655   Paul C. Canavin same  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  Coreberal vascular accident													APF	13 PROXIMATE	INTERVAL AND DEATH
1 W. PRESTON ST., FED WITHIN 24 HOLP PENCIL IN ITEM 18 XAMINER ALONG VALTRANSIT PERMIT ALTRANSIT PERMIT R. REMOVAL.		42) Condition	IMMEDIA' hs, if ony, which se to immediate ) stoting the <u>under-</u>	DUE TO	orebera , or as a con rterio: , or as a con	SEQUENCE SCLOTO	of tie c			ular	disea	.50			ears	
TAL RECORDS, 30 HOULD BE EXECUT ON "PENDING" IN HIEF MEDICAL E. USED AS A BURIN OF HEALTH AND. AL, CREMATION, O.	NOIL		GNIFICANT CONDITIONS							ART 1 (s						
OF VITAL R.  THE SHOULI  THE CHIEF  TO BE USED  NENT OF HE  BURIAL, CR.	CERTIFICATION		OPERATION  AL CAUSE WAS	1/4	E OF INJURY	WHICH OPER				ED CONTER	NATION OF BUILDING	IDV IN ITEM 1	9 PART 1 OD S	Y	UTOPSY?	но
CERTIFICA TING THE DED TO TI SHOULD DEPARTME	MEDICAL CI	UNDERLYING CONTRIBUTI 21d. INJURY (	OCCURRED	HOUR DEATH	P.M.	19 (ATHOME,	21f. LO	CATION	OCCORRI					OUNTY		STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH HE STATE BALTIMORE, MARYLAND, 21201	UNDERLYING OR CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE AT WORK AT WORK  22d. I certify that I took charge of the remains described above, held an death resulted from Natural causes , Accident , Momicide , Undetermined monner ,											3-1	28 –19 rylar			
BP	24. F	URIAL, CREMA STECHY) Buria UNERAL DIRECTION	TION REMOVAL	4/1/81	encel		METERY O	SS		Ve	eadon REGISTRAN	De R 256 REC	lewa	PE SIGNATU	Pa URE	
15M 7/76	-	Robert	M. Dur	20	Oakl	and,	rial'y	Talla			-	1		-	f	

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1111	E OR PRINT)	Margar	et	I	Iona	Er	ndler		511	OF DEATH	MATED	□ 3	24	19 81	7454
3. SE	emale	4. RACE White	MON		YEAR LASTBIRTH	PAY) MONT	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	NCED	3	24	YEAR <b>81</b>	830I
≯d. B FC	RTHPLACE (S	C C	7b CIT	TIZEN OF WH	A COUNTRY?	8. MARR WIDOW	IED NE	VER MARR		-	rett	OR COU	NTY OF D	EATH	MI
Qa	kland		Cup	pett-W	PITAL, NURSING HOM	ng Ho		ITION	12a. USL FOR	AL OCCU	PATION (T	YPE OF WORK	12b. KIN OR	ID OF BU	
13a. S	TATE Va	(IF IN NURSING I	OUNTY ant	INSTITUTION, GIV	residence before admis 134 CITY OR TOWN GOTMANIA	SION)	13d. INSIDE (	NO 🗆	19.	eeladdri ain	ESS				
14 F/	Philli		MIDDLI	E	Richards		E	ER'S MAIDI	EN NAME	٨	AIDDLE	Me	Andi	.AST COW	
(Y	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S	S. ARMED FO		166. SOCIAL SECURI 290 10 610		Jame	mant es End	ler	Elk	Garde		.Va		
	18. CAUSE C PART I DI	EATH WAS CA	ter only one c AUSED BY: EDIATE CAU	Co	for (o), (b), and (c).)	ery d	iseas	0					TO AP	PROXIMATE VEEN ONSE	INTERVAL T AND DEATH
	gave r cause (a	ons, it ony, wise to immediately stoting the use lost.	which diate	(b)_Ar	AS A CONSEQUENCE  TOTIOSCION  AS A CONSEQUENCE	osis,	gene	raliz	ed					H	EMA
	171119 00														
NO			ITIONS CONTRIBU	(c)	DUT NOT RELATED TO THE TEI	MINAL OISEAS	E OR CONDITIO	ON GIVEN IN PA	ART 1 (a).						
TIFICATION	PART 2 OTHER S		-Land		IUT NOT RELATED TO THE TEI	100			ART 1 (a).					UTOPSY?	NO D
CAL CERTIFICATION	PART 2 OTHER S	FOPERATION	AS	19h CONDIT	INJURY . MONTH DAY YEA	RATION W	OW INJUR	RMED?		NATURE OF IN	UURY IN ITEM	18 PART I OR	Y		-
MEDICAL CERTIFICATION	PART 2 OTHER S  190. DATE OF	FOPERATION  AL CAUSE WAS GOOD CAUSE	AS E OF DEATH	19h CONDIT	ION FOR WHICH OPE	RATION W	/AS PERFOI	RMED?		NATURE OF IN		3.5	Y		-
MEDICAL CERTIFICATION	PART 2 OTHER S  190. DATE OF STATE OF S	IGNIFICANT CONO FOPERATION AL CAUSE WAY GOOD OR CAUSE OCCURRED NOT WHILL AT WORK ify those to be a constant of the constant of	E OF DEATH  Charge of the	19b CONDIT  21b. TIME OF HOUR A.M. P.M.  21e. PLACE C STREET, FACTO  e remains desc	INJURY MONTH DAY YEA MONTH DAY YEA ORY, FARM, ETC.)  Cribed above, held on Accident	RATION W 21f. Ho	CATION STREET  TITLE (	Inspection	ED (ENTER)	Inquiry ermined m	onner MINER	ond in my ], DAT SIGN	PART 2) COUNTY Opinion ENED 3-2	ZES	STATE
MEDICAL	PART 2 OTHER S  190. DATE OF STATE OF S	FOPERATION  AL CAUSE WAS  G OR  GNG CAUSI  OCCURRED  NOT WHIL  AT WORK  ify the test of from the control of the	E OF DEATH  Charge of the Natural caus	19b CONDIT  21b. TIME OF HOUR A.M. P.M.  21e. PLACE C STREET, FACTO  e remains desc.	INJURY MONTH DAY YEA  FINJURY (ATHOME, ORY, FARM, ETC.)	RATION WAR 21t. He 21f. LO	CATION STREET  TITLE (  DEPU	Inspection of Specific Specifi	ED (ENTER)  Undet	Inquiry ermined m	onner MINER	ond in my ], DAT SIGN	PART 2) COUNTY Opinion ENED 3-2	4-19	STATE

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37-38-110 Competi-Tooks Strelng Home

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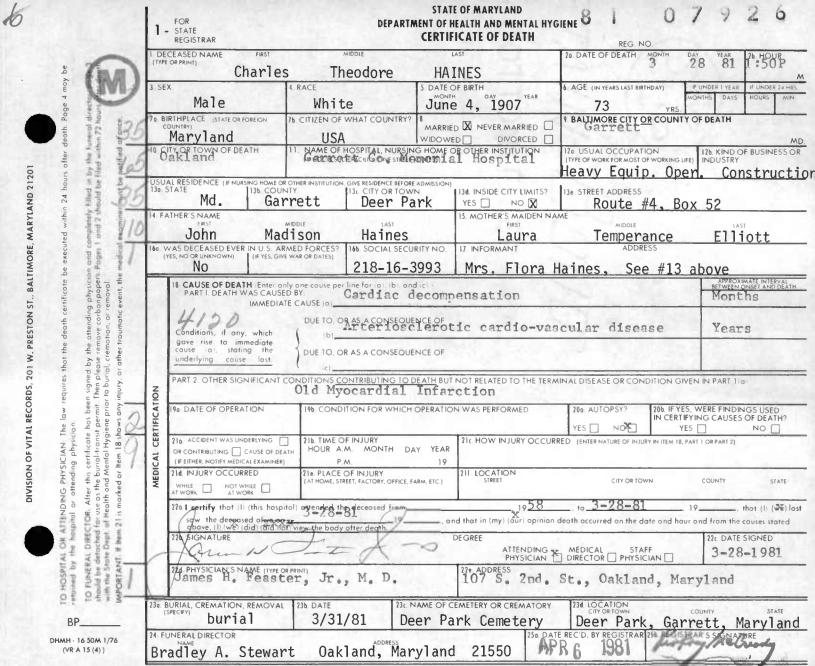
1391-1981

Troud James d. Frances, Jos. M. D. 107 D. Ref. St., Carlend, Jacylond

1	FOR - STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 0	7924
	DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
by be death	Mary		RIEND	March 8, 1981	7:50 PM
or. p	SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
5 S S S S S S S S S S S S S S S S S S S	Female	White	Oct. 4, 1887	93 YRS	
12/10	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUN	
o In	Maryland CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSING	WIDOWED TO DIVORCED HOME OR OTHER INSTITUTION	Garrett County	12b. KIND OF BUSINESS OR
10	Oakland	Cuppett-Weeks Nu	ursing Home	(TYPE OF WORK FOR MOST OF WORKING Housekeeper	INDUSTRY Housekeeping
13c M	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUI aryladd Garry	rett Friendsvi	13d INSIDE CITY LIMITS? YES NO 20 15. MOTHER'S MAIDEN NA		ning Rose Road
110		Sisler	Nahalia	MIDDLE	lodeheaver
160	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECURI E WAR OR DATES) 218-34-49		Route 1, B	ox 49 , W.Va. 26547
it, the	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one cause per line far ias, (b), and	c I c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e ve		TE CAUSE (a) Arterios	clerosis		Years
motic	14409	DUE TO, OR AS A CONSEQUEN	CE OF		
trou	Canditians, if any, which gove rise to immediate	(b)			
other	cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN	CE OF		
7, 04	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Log	OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 1:	YES NO B, PART 1 OR PART 2]
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
W	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC ) STREET	CITY OR TOWN	COUNTY STATE
		ital) attended the deceased from	March 6, 19 71	, to March 8	. 19 <u>81</u> , that (I) (we) lost
		March 8 19 8		death accurred an the date and h	
	27b. SIGNALLING	ruce m	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	March 9, 198
MPOK AN	Andrew E. Ma			rd Street; Oakl	and, Md. 21550
MPORTA 130	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	Mar.12,1981 Blo	oming Rose Cem.	Friendsville.	
75	Lind Heuma	(C Grantsvil		R 16 198	2197910005

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and a of said	oots same		311Drahasta	- Adversar	Linden Co
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  Parliments 924 Elemanced St., Cumberland, Glee. M.
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                            James H. Functon, Jr., S. D. 107 S. Sec. St., College, Marghand
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FOR · STATE

REGISTRAR

I. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH

August 30, 1936

YES TO

17 INFORMANT

211. LOCATION

22ª ADDRESS

MARRIED NEVER MARRIED

MONTH

WIDOWED

HENLINE

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Garrett Co. Memorial Hospital

13c. CITY OR TOWN

Rowlesburg

Lantz

166 SOCIAL SECURITY NO.

CONSEQUENCE OF

IF UNDER 1 YEAR

DAYS

DNORCED |

REG. NO.

BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

44

March 19, 1981

Garrett Co.. 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE INDUSTRY 134 STREET APORESSO Street

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME Goldie

Bernice ADDRESS

Lockhart

APPROXIMATE INTERVA

2h. HOUR

HOURS

0450A

IF UNDER 24 HRS

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE 10

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTAIN

may

DEGREE

Mt. Olivet, Lantz

CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY

NOX

CITY OF TOWN

IN CERTIFYING CAUSES OF DEATH? YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NO I

20h. IF YES, WERE FINDINGS USED

COUNTY STATE

and that in (my) (our) opinion deoth occurred on the date and haur and from the couses stated 22s DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Preston

26716

Eglon, W. Va.

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

Ridge, Preston Co 1250. DATE REC'D. BY REGISTRAR 25%. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

236. DATE 3-21-81

216 TIME OF INJURY

P.M

21 PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1

Elaine

White

76. CITIZEN OF WHAT COUNTRY?

4 RACE

U.S.A.

DHMH-16 25M

(VRA 15, 4) 1/79

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And American Control		edrod ng Sg. 1,092 – 13- St. 18 (1970) and 1970	

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	1 DE	REGISTRAR CEASED NAM	E FIRST			MIDDLE	AMIIN		LAST	CAIE	JP DEA		REG.	32.	d DAY	YEAR	Th HOUR
		PE OR PRINT)		worth	Er	nory	A	KI	NG			OF	ESTI- MATED	3 3		81	7 A.
3	1.5E	K	4 RACE	S. DATE C	OF BIRTH	YEAR 6	. AGE (IN YEA		DER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	7A HOUR
	Ma	le	White	Sept	. 6,	1946	34 YR		DAYS	HOURS	MIN	PRONOU		3	22	19	/22 M
į		RTHPLACE (S		7b. CITIZE	USA		RY?	8. MARRII	ED NE	EVER MARR	RIED X	9. BALTIN		OR COU	NTY OF D	EATH	10
	4	West V	irginia					WIDOW		DIVOR					181 1/15	ID OF 8111	MD.
	5 08	kland		Guita	Hefter tv	loanty	FI MEMO	rial	Hosp	ital	FOR I	abore	RKING LIFE)	TYPE OF WORK	OR	PO OF BUI	A 2114E22
1		AL RESIDENCE TATE	(IF IN NURSING HOME			RESIDENCE BE			13d. INSIDE	CITY LIMITS?	13e STR	EET ADDR	ESS				
	2	Md.		rett		Go	rman		YES 🗆	ио [Ҳ			x 41	(Gorma	ania,	W.V	a.)
-	14. F	ATHER'S NAME		MIDDLE			ST		_	ER'S MAID	EN NAME	A	AIDDLE		- 1	LAST	
-	14-	Emory	D EVER IN U.S. AF	Otto	EC 2	Ki	ng AL SECURITY	NO	En 17. INFOR	nma		S.	ADDRE	55		3rown	
		ES, NO, OR UNKNO		E WAR OR DATE								us i ba			12 2	20110	
	-	NO 18 CAUSE C	OF DEATH (Enter o	alu ana anu			42-651	.1	MIT'S.	Ther	resa	WIIKI	115,	see #.		PROXIMATE	INTERVAL
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Oakland, Md.

FOR - STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Durst

Funeral

Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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HOURS

DAYS

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APPROXIMATE INTERVAL

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FOR - STATE

**DHMH-16 25M** 

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. DECEASED NAME FIRST MODIE LAST 78. DATE KNOWN											REG. N	7	9	3	2		
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	A STEED OF THE PERSON AND A STATE OF THE PER		TY OR TOWN	of DEATH	İ	DOANE SE	HOSPIT	AL, NUI	HEING HOME				12a. USI	UAL OCCUP MOST OF WOR	PATION (TYP	E OF WORK	12b. KIN	ND OF BUI	SINESS RY
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, MD. 21	STATH PW	14. FA	THER'S NAME Howard			MIDDLE	P	augh	AST			R'S MAIDE			IDDLE	Rho	des	LAST	
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	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR. PAGE 33 AFTER DEATH, WITH THE STATE DEF BALTMORE, MARYLAND, 21201 PRICE TO THE STATE OF T	×	AT WORK	y that Vtaok	charge o	of the remain couses	s describ	cident	Sui		DEPL DEPL D	S. 2	Undet	Inquiry termined mo	anner .	nd in my o , DATE SIGN	3-	2 <b>-</b> 198	
	Bb	B	urial, CREMA			DATE 3-6-81			. Zior				Mt	OCATION OR TOWN		arret			ATE
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ION OF V	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 216. INJURY C	CCURRED	HOUR A.	M. OF INJURY		21f. LOC	ATION	OCCURRI	ED (ENTER	NATURE OF BUURY	IN ITEM 18 PA			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE													*10	5			
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J. C.	CITY OR TOV	VN OF DEATH	U NA	ME OF HOSP	ITAL, NURS	ING HOM	, OR OTHE	RINSTITU	TION	12a. USU	JAL OCCU	JPATION	(TYPE OF	WORK	12b. KIN	D OF BU	SINESS
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14.	FATHER'S NA	AME	MIDDLE		LAS	ST		15. MOTHE	ER'S MAIDE	NNAME		MIDDLE		764	U	AST	
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		ER SIGNIFICANT CONOITI	ONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED	O TO THE TERM	AINAL DISEASE	OR CONDITIO	N GIVEN IN PAR	RT 1 (a).							
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	1	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.						3 6	
÷ 3		ECEASED NAME E OR PRINT)	FIRST Terbert		oward		tark	20. DATE OF DEATH March	MONTH DAY YEAR 20 1981	2b. HOUR	
te 4 may be	3. SE	× Male	4.	RACE Whit		S. DATE C		6 AGE (IN YEARS LAST BIR		9:30 and 18 IF UNDER 24 HRS. HOURS MIN.	
uneral man 72	l °	IRTHPLACE (STATE OR FI		USA	WHAT COUNTRY?	WIDOWE		Garrett	COUNTY OF DEATH	MD.	
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n 24 hou y filled in hould be	13a	AL RESIDENCE (IF NURS	135 COUNTY	/	13c. CITY OR TOW Kitzmi	ller	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS Main St			
ompletely ond 2 s	14. F.	Charles	MID	St.	ark		15. MOTHER'S MAIDEN NAM	MIDDLE	Sharpless	AST	
be executed wi	160	WAS DECEASED EVER	U.S. ARME	D FORCES? ar or dates)	. UNK	RITY NO.	17. INFORMANT  Clarence Sta	rk Kitzmi	ller, Md. 21	538	
equires that the death certificate be signed by the attending physicial Then please remove corbon papers. to burial, cremation, or removal. injury, or other traumatic event, the	NO	PART 2 OTHER SIGN	which nediate g the lost	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUE	MALE OF	Peroze	NAL DISEASE OR COM	ME Shi	dden	
The low reicion.  te hos beer sist permit.  giene prior	MEDICAL CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 710. ACCIDENT WAS UNDERLYING 17 216. TIME OF INJURY				YES NO YES NO NO					
SICIAN:  ng phys certifico riol-tror entol Hy frem 18		21g. ACCIDENT WAS UNITED OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEATH	110110 1	m. month da m.	YEAR 19		ED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)		
DING PHY or ottendia After this se as the bu	MEC	WHILE NOT W	HILE [7]		DE INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE	
TTEN Pirtol TTOR for us of He		22a. I certify that (I) sow the decease abave, (I) (we) (a		1 ( / 11	1000	101	nd that in (my) (aur) opinion o	, to			
by the hos by the hos ERAL DIREC		226. SIGNATURE	Mic	uc	e m	5	ATTENDING PHYSICIAN	MEDICAL STA	AFF 19	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CENTRY NO CENTRY NO CENTRY NO COUNTY STATE  COUNTY STATE  22c. DATE SCNED  COUNTY STATE  COUNTY STATE	
TO HOSPITAL retoined by the TO FUNERAL should be deti with the State MPORTANT:		Dr AE M	ance				YES NO NO YES NO NO YES				
BP	23a.	BURIAL, CREMATION,	REMOVAL	236. DATE 3-22-83				CITY OR TOWN		STATE	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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To record the contract of the force of

Maldand, No. 11751

Maria - Carlot Maria (Maria)

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 7 9 3 8  CERTIFICATE OF DEATH							
		CEASED NAME FIRST	MIDDLE		LAST		REG. N	MONTH DA	Y YEAR	2h. HOUR
É	(TYPE	Ornh	a Gra	20	Wolfor	nd.		03-15	-81.	1632pt
MI	3 SE		4 RACE	5	DATE OF BIRTH		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HE
20	f	Cemale	white		Aug. 25	1907	73	YRS.	DAYS DAYS	HOURS MIN
nout of the	Ju. 81	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		1 BALTIMORE CITY	OR COUNTY	OF DEATH	
225		WV.	USA W.  11. NAME OF HOSPITAL, NURSING H  IF NOT IN SUCH FACILITY, GIVES TREET ADDR  Garrett Count		widowed Dworced Defines or other institution noty Memorial		Garrett		126. KIND OF BUSINESS OF INDUSTRY	
and S	8	or town of DEATH Oakland					176 USUAL OCCUPATION OF WORK FOR MOST HOUSEW			
W 55	USU.	AL RESIDENCE (IF NURSING HOME STATE NO COL	OR OTHER INSTITUTION, GIVE R UNITY 136. C	ESIDENCE BEFORE AD	MISSION) 134 INSIE	E CITY LIMITS?	130. STREET ADDRESS	OW		
exag	14. F/	ATHER'S NAME	uggir.		15. MOTH	ER'S MAIDEN NA	ME	0.11		
7547		William	ARMED FORCES? 166 SOCIAL SECU				MIDDLE		Roy	
The same		WAS DECEASED EVER IN U.S. A					ADDRESS			
eg 3		No		34-86-	0025	Wilda M	ssi 607	L. St.	Mt.	Lake MATE INTERVAL ONSET AND DEAD
Vgiene prior to burial, cremation, or 18 shows any injury, or other traum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  B  19e DATE OF OPERATION	196 CONDITION	BUTING TO DEA	ITH BUT NOT RELA	RFORMED	206 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	MONTH DAY	YEAR	V INJURY OCCUR	RED JENTER NATURE OF IN)	JRY IN ITEM 18, PAI	RT 1 OR PART 2)	
marked or		(IF EITHER, NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e PLACE OF IN (AT HOME, STREET, FA		19 211. LOC STI	ATION	CITY OR TO	WN	COUNTY	STATE
d be detached for use a the State Dept. of Heal SRTANT: If Item 21 is		270.1 certify that (I) (this has sow the deceased alive above (I) (we) (Idid) (idid) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPI	on 3-15- not) view the body after	death.	3 – (5 L., and that in ( DEGREE	ATTENDING PHYSICIAN	, to	date and hour		
TO FUNI should be with the	(	ZELW BURIAL, CREMATION, REMOVA SPECIFY  BUTIST  UNERAL DIRECTOR	AL 236. DATE		ne of cemetery	Memori	236 LOCATION CITY OF TOWN Lal Dry I	ork T	ounty ucker	

